



# BEST PRACTICES

Updates from the Field

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## PROMOTING PUBLIC-PRIVATE SECTOR COLLABORATION IN MGP SITES

### Background

With the eventual phase-out of free contraceptive supplies from the US Agency for International Development, local government units (LGUs) are now faced with the challenge of providing family planning services to their constituents using their own resources. Given their limited resources, the LGUs need to find new ways to respond to the reproductive health needs of their constituents. One option is to divest their Rural Health Units (RHUs) of paying clients to enable them to focus on the poor and disadvantaged and, at the same time, save on much-needed resources.

To assist local government units (LGUs) in responding to such an eventuality and, thus, ensure the sustainability of family planning programs, the Matching Grant Program (MGP) of the Department of Health, through Management Sciences for Health (MSH), promoted public-private sector collaboration in selected project sites. The MGP helped to establish referral arrangements between selected LGUs and private providers. Among these private providers are the FriendlyCare clinics of FriendlyCare Foundation, Inc. (FCFI), which was founded in 1999 to encourage greater private-sector participation in the delivery of family planning and reproductive health services. Through its 10 FriendlyCare clinics nationwide, the Foundation makes available affordable quality health and family planning services to middle- and low-income families.

### How It Works

The collaboration between an LGU and the Foundation is formalized through a memorandum of agreement (MOA). To date, three LGUs—Cainta and Antipolo City in the Province of Rizal, and Marikina City in Metro Manila—have existing MOAs with FCFI. Negotiations are underway for the Municipality of San Mateo, also in Rizal, to sign a similar agreement.

Under this set-up, the RHUs, through their network of Barangay Health Workers, refer paying clients to the FriendlyCare clinics, and these clinics refer nonpaying clients to the RHUs. LGUs may also refer indigent clients to the FriendlyCare clinics,

particularly for sterilization services, provided that the LGUs assume the costs of providing these services. Therefore, in some cases, the collaboration also involves the commitment by the LGU of a specific amount of resources to cover the costs of family planning services provided by the FriendlyCare clinic to its indigent population. Not all LGUs are able to fund these voluntary female sterilization and no-scalpel vasectomy services; for example, in the Municipality of Antipolo, the Municipal Health Office coordinated with the office of its Congressional representative to allocate Php200,000 (US\$4,000) to fund sterilization services for indigent constituents.

In general, the major commitments of an LGU under the MOA are to: 1) refer paying clients to the relevant FriendlyCare clinic for family planning and other health-related services, 2) allocate funds for drugs and medical supplies required for family planning services and facilitate their procurement, 3) mobilize resources to finance service fees for female sterilization and vasectomy for its indigent constituents, and 4) coordinate with MSH to train its service providers to deliver voluntary female sterilization and no-scalpel vasectomy services as well as to train BHWs to provide family planning services and to implement a Community-Based Monitoring and Information System. An LGU may also commit to helping a FriendlyCare clinic gain access to factories and other industrial establishments and to persuade the management of these companies to encourage their workers to use the clinic's services (particularly for family planning).



Signing ceremonies for the Municipality of Cainta



**MATCHING GRANT PROGRAM**  
Department of Health

In turn, the FCFI commits to: 1) refer nonpaying clients who are interested in using temporary family planning methods and other health-related services to the RHU, 2) provide timely and quality services to patients referred by the RHU, 3) reimburse transportation expenses incurred by BHWs and other volunteers in referring/bringing clients to the FriendlyCare clinic for

at its Masinag Clinic, serving clients in Cainta, Antipolo City, and Marikina City. Only a total of 85 clients were recorded in 2002, but as of August 2003, the total had reached 373—76 for no-scalpel vasectomy and 297 for female sterilization. The three LGUs accounted for 93 percent of this accomplishment.

## Lessons Learned

Based on the MGP's experience in promoting this initiative, it appears that LGUs are typically open to working with the private sector in improving health services if they are properly briefed on the objectives and benefits of the collaboration, as well as on their roles and responsibilities.

The M/CHO plays a vital role in this undertaking, and the likelihood that an LGU will participate depends largely on the willingness and commitment of the M/CHO to cooperate. In most cases, the M/CHO took the responsibility for discussing the initiative with the local chief executive and in presenting it to the *Sangguniang Bayan*, thus facilitating the signing of the MOA.

The M/CHO is also instrumental in the mobilization of funds. It is important that s/he be made aware of all potential funding sources and provided with technical assistance about how to advocate and negotiate with prospective donors/sponsors. Encouraging the M/CHO to coordinate with the private sector for the provision of essential services that are not currently available at the RHU and, at the same time, mobilizing funds for the purpose will go a long way towards increasing the RHU's service coverage, and thus towards improving the health status of its constituents.

Finally, the BHWs are also crucial to the success of this initiative. They are the primary source of referrals and, therefore, should be informed about their role and the mechanics of the collaboration. The referral system was quite successful in areas where the BHWs were given proper orientation (e.g., Cainta in the Province of Rizal). Thus, any collaboration such as those described here should ensure that all key stakeholders are properly and adequately informed to ensure smooth and effective implementation.



Launching of NSV service delivery in Antipolo City

female sterilization or vasectomy, and 4) provide a monthly status report to the RHU on the number of clients originating from the LGU (referred and walk-in) served by the relevant FriendlyCare clinic.

### Steps in the Collaboration Process

1. MSH discussed with FCFI the details of the initiative, including the determination of service fees under this collaboration.
2. MSH and FCFI representatives conducted exploratory / orientation meetings with the City / Municipal Health Officers (C/MHOs).
3. MSH, FCFI, and the MHOs held follow-up meetings to discuss the terms of the collaborations.
4. MSH drafted the relevant MOAs based on the results of discussions.
5. C/MHOs and FCFI reviewed the draft MOAs prior to finalization.
6. MSH finalized the MOAs and organized signing ceremonies.
7. Local chief executives and FCFI signed the MOAs.
8. LGUs initiated service delivery in each area.

Data from FriendlyCare showed a significant increase in the number of clients who received voluntary sterilization services

Number of Clients Provided Sterilization Services (Masinag Clinic)				
LGU	NSV		VFS or BTL	
	2002	2003*	2002	2003*
Antipolo City	19	44	52	165
Cainta	-	28	-	109
Marikina City	5	1	-	-
Others	9	3	-	23
<b>TOTAL</b>	<b>33</b>	<b>76</b>	<b>52</b>	<b>297</b>

\* as of August 28, 2003

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